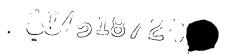
UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 2 Serial/Patent 1 2 10/24									
3 Please refund the following fee(s):			4 PAF NUM	ER IBER		DATE FILED	6 AMOUNT		
	Filing						\$		
	Amendment						\$		
	Extension of Time						\$		
	Notice of Appeal/Appeal						\$		
	Petition						\$		
	Issue						\$		
	Cert of Correction/Terminal I	Disc.					\$		
	Maintenance						\$		
	Assignment					·	\$		
	Other						\$		
				TAL REF	\$				
			8 TO BE REFUNDED BY:						
10 REASON:				Treasury Check					
	Overpayment			(redi	t Dep	osit A/C #:		
	Duplicate Payment			9					
	No Fee Due (Explanation):			· ·	-				
,									
11 RE	FUND REQUESTED BY:								
TYPED/PRINTED NAME:					TITLE				
SIGNATURE:				nu Jule 11/10	HONE	ite: 05/2/ AYP <u>AGH 88</u> ARPAGH	//2085 PKIDWELL 3000044 503208 10518724 .8J CK		
OFFICE:									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPI	ROVED:		DATI	Z: _	<u></u>				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B



PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective December 8, 2004								Dec	Beaumort-12				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN	TITY	OR	OTHER THAN OR SMALL ENTITY			
U.f	S. NATIONAL	STAGE FEES]	RATE	FEE	7	RATE	FEE	
BA:	SIC FEE		SMALL EN	SMALL ENT. = \$ 150 LAR		RGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	300	
EΧ/	AMINATION FE	EE	(4) = \$5	(4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	000	
SE/	ARCH FEE		ALL other co	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500]	SEARCH FEE			SEARCH FEE	400	
FEF	E FOR EXTRA	SPEC. PGS.	mir	inus 100 =		/ 50 =]	X \$ 125 =		1	X \$ 250 =		
тот	TAL CHARGEA	BLE CLAIMS	ll m	@ minus 20 = . 8		3]	X \$ 25 =		OR	X \$ 50 =	400	
-	DEPENDENT CL			minus 3 =	<u> -</u>			X \$ 100 =		OR	X \$ 200 =		
MULTIPLE DEPENDENT CLAIM PRE						力		+ \$ 180 =		OR	+ \$ 360 =	360	
* If	the difference	e in column 1 is l	less than zer	o, enter "0)" in cc	olumn 2	•	TOTAL		OR	TOTAL	1660	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					• 1	SMALL E	ENTITY	OR	OTHER THAN SMALL ENTITY				
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	<u> </u> *'	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	1	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	ULTIPLE DEP	ENDENT C	;LAIM			+ \$ 180 =		OR	+ \$ 360 =		
							٠.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
4 B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					L	+ \$ 180 =		OR	+ \$ 360 =	<u></u>	
-	-						7	TOTAL ADDIT. FEE		OR L	TOTAL ADDIT. FEE		
									•		_		
1	If the "Highest Nun	imn 1 is less than the omber Previously Paid imber Previously Paid	For" IN THIS SP	PACE is less the	than '20')' enter "20"						•	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.